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B22A (Official Form 22A) (Chapter 7) (12/10)

	According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this
In re Eleanor A. Matthews	
Debtor(s)	The presumption arises.
Debioi(5)	☐ The presumption does not arise.
Case Number:	The presumption is temporarily inapplicable.
(If known)	(Check the box as directed in Parts I, III, and VI of this statement.)

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
1A	Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement. Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. 🔲 I was called to active duty after September 11, 2001, for a period of at least 90 days and
	 I remain on active duty /or/ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	b. I am performing homeland defense activity for a period of at least 90 days /or/ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

B22A (O	fficial F	orm 22A) (Chapter 7) (12/10) - Con	ıt				2
		Part II. CALCULATION C	and specific adjustment of the first party of the	ME FOR § 707(b)(7) EXCLUSI	ON	
	a. X L b. \(\sum \) N pen livin	Ifiling status. Check the box that apply Inmarried. Complete only Column A (Married, not filing jointly, with declaratio alty of perjury: "My spouse and I are leg apart other than for the purpose of experience."	("Debtor's Income") for L n of separate households. gally separated under appl vading the requirements of	ines 3-11. By checking this box, de icable non-bankruptcy la	btor declares unde w or my spouse an	-	
2	Complete only Column A ("Debtor's Income") for Lines 3-11. c. Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for						
		Narried, filing jointly. Complete both C es 3-11.	olumn A ("Debtor's Incor	ne") and Column B (S	pouse's income /	101	
	calenda If the a	res must reflect average monthly incon ar months prior to filing the bankruptcy mount of monthly income varied during ter the result on the appropriate line.	case, ending on the last da	ay of the month before th	ie filing.	Column A Debtor's Income	Column B Spouse's Income
3	Gross	wages, salary, tips, bonuses, overti	me, commissions.			\$2,449.99	\$
4	differer farm, e	e from the operation of a business, note in the appropriate column(s) of Line inter aggregate numbers and provide desirclude any part of the business ex	e 4. If you operate more that letails on an attachment. D	an one business, profess o not enter a number les	ion or s than zero.		
	a.	Gross receipts		\$0.00	<u>.</u>		
	b.	Ordinary and necessary business ex	penses	\$0.00		\$0.00	\$
	c.	Business income		Subtract Line b from Lin	ne a	, and the second second	
	in the a	nd other real property income. Sub appropriate column(s) of Line 5. Do not art of the operating expenses entere	t enter a number less than	zero. Do not include			
.5	a.	Gross receipts		\$0.00			
	b.	Ordinary and necessary operating ex	kpenses	\$0.00			
	C.	Rent and other real property income		Subtract Line b from Lin	ne a	\$0.00	\$
6	Interes	st, dividends, and royalties.				\$0.00	\$ -
7	Pensio	on and retirement income.				\$0.00	\$
8	the de Do not comple	nounts paid by another person or endetor or the debtor's dependents, include alimony or separate maintena eted. Each regular payment should be report that payment in Column B.	cluding child support paid nce payments or amounts	I for that purpose. paid by your spouse if C	olumn B is	\$0.00	\$
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
		nployment compensation claimed to benefit under the Social Security Act	Debtor \$0.00	Spouse \$		\$0.00	\$
10	separa if Colu	te from all other sources. Specify so ate page. Do not include alimony or sumn B is completed, but include all include any benefits received under the crime against humanity, or as a victim	separate maintenance pa other payments of alimor ne Social Security Act or pa	yments paid by your sp ly or separate maintena lyments received as a vi	oouse ance.		
	 					\$0.00	\$
11	Subto	I and enter on Line 10 tal of Current Monthly Income for § in A, and, if Column B is completed, ac).	707(b)(7). Add Lines 3 through 10 in Co	u 10 in Dumn B. Enter the		\$2,449.99	\$
The state of the state of	1						

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Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.

\$2,449.99

	Part III. APPLICATION OF § 707(b)(7) EXCLUSION	
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$29,399.88
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	\$46.973.00
	a. Enter debtor's state of residence: MISSISSIPPI b. Enter debtor's household size: 3	Ψ+υ,8/3.00
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	
15	The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.	
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15).

16	Enter the amount from Li	ne 12.		\$
	Column B that was NOT padependents. Specify in the spouse's tax liability or the	u checked the box at Line 2.c, enter on Line 17 the total on a regular basis for the household expenses of the lines below the basis for excluding the Column B incompose's support of persons other than the debtor or oted to each purpose. If necessary, list additional adjuine 2.c. enter zero.	the debtor or the debtor's the common the common the common the common the common the debtor's dependents) and	
and the time of		•		
7	a.		\$	
7			\$ \$	
7	a.		\$ \$ \$	
17	a. b.		\$ \$ \$	\$

	Part V. CALCULATION OF DEDUCTIONS FROM INCOME	
	Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)	
19A	National Standards: food, clothing, and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$

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B22A (Official Form 22A) (Chapter 7) (12/10) - Cont National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoi.gov/ust/ from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line 19B c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Household members 65 years of age or older Household members under 65 years of age Allowance per member Allowance per member a2 a1. b2. Number of members Number of members h1. Subtotal Subtotal c2 \$ c1. Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy court). The applicable family 20A size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. \$ Local Standards: housing and utilities; mortgage/rent expenses. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. 20B Do not enter an amount less than zero. \$ IRS Housing and Utilities Standards; mortgage/rental expense a. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42 S Subtract Line b from Line a. Net mortgage/rental expense Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: 21 \$ Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8. 22A If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census \$ Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local 22B Standards: Transportation. (This amount is available at www.usdoi.gov/ust/ or from the clerk of the bankruptcy \$

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5 B22A (Official Form 22A) (Chapter 7) (12/10) - Cont Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) ☐ 1 ☐ 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average 23 Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero. IRS Transportation Standards, Ownership Costs \$ Average Monthly Payment for any debts secured by Vehicle 1, b. \$ \$ as stated in Line 42 Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero. 24 \$ а IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle 2, b. \$ as stated in Line 42 Subtract Line b from Line a. \$ Net ownership/lease expense for Vehicle 2 C. Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self 25 employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales Other Necessary Expenses: mandatory payroll deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. 26 Do not include discretionary amounts, such as voluntary 401(k) contributions. \$ Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, 27 \$ for whole life or for any other form of insurance. Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required 28 to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. \$ Do not include payments on past due support obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a 29 condition of employment and for education that is required for a physically or mentally challenged dependent \$ child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on 30 \$ childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or 31 paid by a health savings account, and that is in excess of the amount entered in Line 19B. \$ Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service -- such as 32 pagers, call waiting, caller id, special long distance, or internet service -- to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. \$ Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32 33

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Healt!	h Insurance, Disability Inst ories set out in lines a-c belo	urance and Health Savings Account ow that are reasonably necessary for y	Expenses. List the mo ourself, your spouse, or	nthly expenses in the your dependents.	
a.	Health Insurance	\$			
b.	Disability Insurance	\$		•	
C.	Health Savings Account	\$			
Tota	l and enter on Line 34			and the second s	\$
If yo		his total amount, state your actual to	tal average monthly exp	enditures in the	
month elderly	nly expenses that you will co	care of household or family membe ntinue to pay for the reasonable and r member of your household or membe	ecessary care and supp	ort of an	\$
incurr	ed to maintain the safety of	nce. Enter the total average reasonab your family under the Family Violence nature of these expenses is required t	Prevention and Services	s Act or	\$
Local	Standards for Housing and de your case trustee with	otal average monthly amount, in exces Utilities, that you actually expend for hadocumentation of your actual expended accounted for in the IR:	ome energy costs. You ises, and you must dei	must	\$
vou a	ctually incur, not to exceed \$	tent children less than 18. Enter the	neivato or public elemen	mporiodo uridi	
with	documentation of your act	lent children less than 18 years of age ual expenses, and you must explain not already accounted for in the IR:	. You must provide you n why the amount clain	ur case trustee	\$
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Addit clothi Stand or fro reaso	documentation of your act chable and necessary and tional food and clothing example expenses exceed the cortards, not to exceed 5% of the the clerk of the bankruptonable and necessary.	lent children less than 18 years of age ual expenses, and you must explain not already accounted for in the IR: expense. Enter the total average month in bined allowances for food and clothing nose combined allowances. (This information of the combined allowances)	You must provide you why the amount claims Standards. If amount by which you go (apparel and services mation is available at we the additional amount to contribute in the province on the services of the se	r case trustee ned is r food and) in the IRS National www.usdoj.gov/ust/ t claimed is	
Addition clothing Stand or from reason Continue	documentation of your act chable and necessary and tional food and clothing examples are exceed the cordards, not to exceed 5% of the time the clerk of the bankruptonable and necessary. Inued charitable contribution cash or financial instrume	tent children less than 18 years of age that expenses, and you must explain not already accounted for in the IR: expense. Enter the total average month in the allowances for food and clothings combined allowances. (This information of your court.) You must demonstrate that it in the amount that you will cons. Enter the amount that you will cons.	You must provide you why the amount claims Standards. The provided which you go (apparel and services mation is available at we the additional amount the additional amount portinue to contribute in the ined in 26 U.S.C. § 170(r case trustee ned is r food and) in the IRS National www.usdoj.gov/ust/ t claimed is ne c)(1)-(2).	\$
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Addition clothing stand or from case Conting Total Future you continue total of filling	documentation of your act chable and necessary and tional food and clothing expenses exceed the conditional food to exceed 5% of the tionable and necessary. Inued charitable contribution of cash or financial instrumed Additional Expense Deductors, list the name of the creatent, and check whether the of all amounts scheduled as	lent children less than 18 years of age ual expenses, and you must explain not already accounted for in the IR: expense. Enter the total average month in the allowances for food and clothin nose combined allowances. (This inforty court.) You must demonstrate that it is to a charitable organization as deficient under § 707(b). Enter the total subspart C: Deductions faims. For each of your debts that is still the subspart of the payment includes taxes or insurance contractually due to each Secured Creded by 60. If necessary, list additional	You must provide you why the amount claims Standards. Inly amount by which you may apparel and services mation is available at we the additional amount protinue to contribute in the ined in 26 U.S.C. § 170(all of Lines 34 through 40) For Debt Payment secured by an interest in debt, state the Average The Average Monthly Peditor in the 60 months of the state of the s	r food and) in the IRS National www.usdoj.gov/ust/ t claimed is the c)(1)-(2). proprerty that Monthly eayment is the following the	\$
Addition clothing stand or from case Conting Total Future you continue total of filling	documentation of your act chable and necessary and tional food and clothing examples exceed the conditional foot to exceed 5% of the model of the clerk of the bankrupto chable and necessary. Inued charitable contribution of cash or financial instrumed the properties of the clerk of the conditional Expense Deductors, list the name of the createst, and check whether the of all amounts scheduled as of the bankruptcy case, divisionable and necessary.	lent children less than 18 years of age ual expenses, and you must explain not already accounted for in the IR: expense. Enter the total average month in the allowances for food and clothin nose combined allowances. (This inforty court.) You must demonstrate that it is to a charitable organization as deficient under § 707(b). Enter the total subspart C: Deductions faims. For each of your debts that is still the subspart of the payment includes taxes or insurance contractually due to each Secured Creded by 60. If necessary, list additional	You must provide you why the amount claims Standards. Inly amount by which you may apparel and services mation is available at we the additional amount protinue to contribute in the ined in 26 U.S.C. § 170(all of Lines 34 through 40) For Debt Payment secured by an interest in debt, state the Average The Average Monthly Peditor in the 60 months of the state of the s	r food and) in the IRS National www.usdoj.gov/ust/ t claimed is the c)(1)-(2). proprerty that Monthly eayment is the following the	\$
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Addit clothi Stand or fro reaso Cont form Total Futur you o Paym total of filling the to	documentation of your act onable and necessary and tional food and clothing expresses exceed the contact of the bankruptonable and necessary. Inued charitable contribution cash or financial instrumed Additional Expense Deductors, list the name of the creation and charks whether the contact and charks whether the charks wh	lent children less than 18 years of age ual expenses, and you must explain not already accounted for in the IR: expense. Enter the total average month in the allowances for food and clothin nose combined allowances. (This informations, it is not a charitable organization as defections under § 707(b). Enter the total expense. For each of your debts that is a side of the contractually due to each Secured Contract	You must provide you why the amount claims Standards. Inly amount by which you not get apparel and services mation is available at whe additional amount ontinue to contribute in the ined in 26 U.S.C. § 170(all of Lines 34 through 40 or Debt Payment secured by an interest in debt, state the Average Monthly entiries on a separate part of the Average Monthly Payment	r food and) in the IRS National www.usdoj.gov/ust/ t claimed is the (c)(1)-(2). from the IRS National www.usdoj.gov/ust/ t claimed is the following the following the following the following the include taxes or insurance? yes no yes no	\$
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B22A (Official Form 22A) (Chapter 7) (12/10) - Cont Other payments on secured claims. If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. 1/60th of the Cure Amount Property Securing the Debt Name of Creditor 43 \$ a. \$ b. C. \$ \$ d. \$ e. Total: Add Lines a - e Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy 44 Do not include current obligations, such as those set out in Line 28. Chapter 13 administrative expenses. If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. Projected average monthly Chapter 13 plan payment. \$ a. 45 Current multiplier for your district as determined under b. schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Total: Multiply Lines a and b Average monthly administrative expense of Chapter 13 case 46 Total Deductions for Debt Payment. Enter the total of Lines 42 through 45. Subpart D: Total Deductions from Income \$ Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46. 47 Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION S Enter the amount from Line 18 (Current monthly income for § 707(b)(2)) 48 \$ Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2)) 49 Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the 50 \$ result 60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the 51 \$ number 60 and enter the result. Initial presumption determination. Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than \$7,025* Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. ☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of 52 page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI ☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (Lines 53 through 55). \$ Enter the amount of your total non-priority unsecured debt 53 Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter 54 \$ the result. Secondary presumption determination. Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. 55 ☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.

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B22A (Official F	Form 22A) (Chapter 7) (12/10) - Cont		8
		PART VII. ADDITIONAL E	EXPENSE CLAIMS	
	health month	Expenses. List and describe any monthly expenses, not otherwis and welfare of you and your family and that you contend should be ly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional so verage monthly expense for each item. Total the expenses.	an additional deduction from your current	
56		Expense Description	Monthly Amount	
- 56	a.		\$	
	b.		\$	
	C.		\$	
		Total: Add Lines a, b, and c	\$	
		Part VIII: VERIF	ICATION	
57		are under penalty of perjury that the information provided in this state debtors must sign.) Signature (Debtor)	ement is true and correct. (If this a joint case,	
	Date:	Signature:(Joint Debtor, if any)	

^{*}Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.